## UTILITY

| Attorney Docket No     | 5/00                     | 0018                |
|------------------------|--------------------------|---------------------|
| First Named Inventor o | r Application Identifier | Thomas J. Mabry     |
| Title                  |                          | CE FOR MICROCHANNEL |
|                        | PLATE IN IMAG            | E AMPLIFIER TURE    |

| PATENT APPLICA  | TION 🚶   | First N  | amed Inventor or                       | Application | on Identifier                        | Thor     | nas J. Mabry  |                |
|---|--|--|--|-------------|--------------------------------------|----------|---------------|----------------|
| TRANSMITTA  | _  | Title  | ······································ |             |                                      |          | R MICROCH     |                |
| ornew nonprovisional applications under 3               | 7 C.F.R. 1.53(b))  | Expre  | ss Mail Label                          |             | E IN IMAGE                           | AMI      | PLIFIER TUE   | 3E =           |
|   |  |  |  |             |                                      |          |               |                |
| APPLICATION   | ELEMENTS   |  | ADDRE                                  | SS TO       | Commissio<br>Box Applic<br>Washingto | ations   |               | u.s.<br>141685 |
| 1. X Filling fee as calculated below 2. X Specification | es [7]] s [_]) npleted) ventor(s) CFR  ion, from under Box the ed by | 6. Microfiche Computer Program (Appendix) 7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. Computer readable copy b. Paper Copy (identical to computer copy) c. Statement Verifying identity of above copies  8. Assignment papers (cover sheet & document(s)) 9. 37 CFR 3.73(b) Statement Power of Attorney 10. English Translation Document (if applicable) 11. Information Disclosure Copies of IDS Statement (IDS)/PTO-1449 2 Citations 12. Preliminary Amendment 13. Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 14. Small Entity Statement filed in prior application, Statement(s) Status still proper and desired 15. Certified copy of Priority Document(s) (if roreign priority is claimed) 14. Other: |  |             |                                      |          |               |                |
| 17. If a CONTINUING APPLICATION,                        | check appropriate box  | x and supply the   | requisite inform                       | ation:      |                                      |          |               |                |
| ☐Continuation ☐ Divis                                   |  | uation-in-part (C  |  |             | 0                                    |          |               |                |
| Customer Number or Bar Code Label  (Insert Customer No  |  |  |  | 01          | correspond                           | lence a  | address below |                |
| NAME  | label f  |  | , Vande Sanc                           | le & An     | nernick, R.I.                        | <br>L.P. |               |                |
| IV NAIF   | · · · · · · · · · · · · · · · · · · ·                                | I OHOC   |  | te 800      | IIICH, N.L.                          |          |               |                |
| ADDRESS   |  |  | 1990 M S                               |             | N.W.                                 |          |               |                |
|   | ···  |  |  |             |                                      |          |               |                |
| CITY  | Washington   | STATE  | DC                                     |             | ZIP COD                              | ÞΕ       | 20036-3       | 3425           |
| COUNTRY   | U.S.A  | TELEPHON   | E (202) 331                            | -7111       | FAX                                  |          | (202) 293     | 3-6229         |





## Fee Calculation and Transmittal

|   |  |       |         | ree Calculatio | ii ana man   | Jiiiictai |       |                  |       |  |
|---|--|-------|---------|----------------|--------------|-----------|-------|------------------|-------|--|
|   | (Col 1)  |       | (Col 2) | (Col 3)        | SMALL ENTITY |           |       | NON-SMALL ENTITY |       |  |
|   | NO. FILED  | 1 [   | *       | NO. EXTRA      | RATE         | FEE       | OR    | RATE             | FEE   |  |
| TOTAL   | 11   | minus | 20      | =              | x9=          | \$        |       | x18=             | \$0   |  |
| INDEP   | 1  | minus | 3       | =_             | x39=         | \$        |       | x78=             | \$0   |  |
| _!  | _ First Presentation, Multiple Dependent Claims +130 |       |         |                | +130=        | . \$      |       | +260=            | \$0   |  |
|   | Base Filing Fee                                      |       |         |                |              | \$345     |       |                  | \$690 |  |
| Other Fee (specify purpose)                                     |  |       |         |                | \$           |           |       | \$0              |       |  |
| TOTAL FILING FEE* (accounting for possible small entity status) |  |       |         |                | \$           | OR        | TOTAL | \$690.00         |       |  |

| X | A check in the am                     | ount of \$ 690.00 to cover the filing fee is enclosed   |
|---|---------------------------------------|---|
|   | No payment is end                     | losed at this time. Full payment will be made when the executed Declaration is submitted.                     |
|   | The Director is he copy of this sheet | reby authorized to charge and credit Deposit Account No. 22-0185 as described below. A duplicate is enclosed. |
|   |                                       | Charge the amount of \$ as filing fee   |
|   | $\boxtimes$                           | Credit any overpayment.   |
|   | X                                     | Charge any additional filing fees required under 37 CFR § 1.16  |
|   | $\boxtimes$                           | Charge any additional filing fees required under 37 CFR § 1.17  |
|   | X                                     | If filing fee is not enclosed herewith, the filing fee(s) required to Deposit Account No. 22-0185.            |

| Name (Print/Type) | Martin Abramson | Registration No. (Attorney/Agent) | 25,787    |  |
|-------------------|-----------------|-----------------------------------|-----------|--|
| Signature         | Mali Demo       | Date                              | 8/17/2000 |  |